

# ESTIMATE

The Hualapai Tribe assists its members with the purchase of eyeglasses, contacts, exam, and other materials related to vision care. Please complete this form in its entirety and return to the Hualapai Tribe via email to [gaming@hualapai-nsn.gov](mailto:gaming@hualapai-nsn.gov) or FAX to (928) 769 – 2343, make attention to Joyce.

Funding is limited to \$275 per tribal member; any remaining balance is the responsibility of the tribal member/minor's parent. Our office will process a payment within 4 – 7 business days. Keep in mind, a high volume of applicants could delay the process. Call (928) 769 – 2216 ext. 111 to check the status of your request.

**Please select one:**

- **Desert Family Eye Center**  
2187 Airway Ave.  
Kingman, AZ 86409  
**(928) 757-5005**
- **Riverview Vision**  
2215 Hualapai Mountain Road  
Kingman, AZ 86401  
**(928) 718-1009**
- **Kokopelli Eye Imaging**  
2403 N. Stockton Hill Road  
Kingman, AZ 86409  
**(928) 771-9000**
- **Wal-Mart Vision Center**  
3396 Stockton Hill Road  
Kingman, AZ 86409  
**(928) 681-3533**
- **Nationwide Vision**  
3505 Stockton Hill Road  
Kingman, AZ 86409  
**(928) 757- 7670**
- **Western Eye Medical**  
3953 Stockton Hill Road  
Kingman, AZ 86409  
**(928) 757-3330**

OTHER: **Attach copy of W9 tax form.**

**TO BE COMPLETED BY VISION CENTER ASSOCIATE**

<b>Customer #1</b>	First Name	Last Name		D.O.B	Phone Number	
	(If minor) Parent's Name	Exam	Frame	Lens	Insurance	TOTAL
	Notes					

<b>Customer #2</b>	First Name	Last Name		D.O.B	Phone Number	
	(If minor) Parent's Name	Exam	Frame	Lens	Insurance	TOTAL
	Notes					

<b>Customer #3</b>	First Name	Last Name		D.O.B	Phone Number	
	(If minor) Parent's Name	Exam	Frame	Lens	Insurance	TOTAL
	Notes					